

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	
SERIAL NO. 09/890808 FILING DATE	APPLICANT(S)

CLAIMS				CLAIMS			
AS FILED	AFTER 1st AMENDMENT	AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				TOTAL IND.			
TOTAL DEP.				TOTAL DEP.			
TOTAL CLAIMS				TOTAL CLAIMS			